

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Association of Realtors Congressional Fund

ADDRESS (number and street) ▼

430 North Michigan Avenue

☐ Check if different than previously reported. (ACC)

Chicago

IL

60611-4011

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488742

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

06

01

2014

06

30

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael C McGrew

Signature of Treasurer

Michael C McGrew

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

07

15

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Realtors Congressional Fund

Report Covering the Period: From: M M / D D / Y Y Y Y Y 06 / 01 / 2014 To: M M / D D / Y Y Y Y Y 06 / 30 / 2014

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y 2014 | | 30495.61 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 3202312.63 | |
| (c) Total Receipts (from Line 19) | 323.20 | 4140839.60 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 3202635.83 | 4171335.21 |
| 7. Total Disbursements (from Line 31) | 430117.20 | 1398816.58 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 2772518.63 | 2772518.63 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Realtors Congressional Fund

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 1 | | 2 | 0 | 1 | 4 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 1 | 4 |

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

323.20

4140839.60

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

323.20

4140839.60

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

323.20

4140839.60

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

323.20

4140839.60

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

323.20

4140839.60

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 323.20 | 48216.58 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 323.20 | 48216.58 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 429794.00 | 1350600.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 430117.20 | 1398816.58 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 430117.20 | 1398816.58 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 323.20 | 4140839.60 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 323.20 | 4140839.60 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 323.20 | 48216.58 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 323.20 | 48216.58 |

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: F3XN
Transaction ID :

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name (Last, First, Middle Initial)

A. NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N Michigan Avenue

City State Zip Code
 Chicago IL 60611-4011

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Corporation

n/a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4140678.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 15 2014

Transaction ID : AFFB21C0544434DF29D9

Amount of Each Receipt this Period

161.60

In-Kind: administrative & compliance support

Full Name (Last, First, Middle Initial)

B. NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N Michigan Avenue

City State Zip Code
 Chicago IL 60611-4011

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Corporation

n/a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4140839.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 30 2014

Transaction ID : A7D0A136CFC8A4BBBBD2

Amount of Each Receipt this Period

161.60

In-Kind: administrative & compliance support

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

323.20

TOTAL This Period (last page this line number only)..... ►

323.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name (Last, First, Middle Initial)

A. NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N Michigan Avenue

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Chicago | IL | 60611-4011 |

Purpose of Disbursement
In-Kind: administrative & compliance support

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 01 | / | 2014 |

Transaction ID : B4BC1EBD6A6CE454F880

Amount of Each Disbursement this Period

| |
|--------|
| 161.60 |
|--------|

Full Name (Last, First, Middle Initial)

B. NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N Michigan Avenue

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Chicago | IL | 60611-4011 |

Purpose of Disbursement
In-Kind: administrative & compliance support

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2014 |

Transaction ID : B6213C4BFEB0C41A2921

Amount of Each Disbursement this Period

| |
|--------|
| 161.60 |
|--------|

Full Name (Last, First, Middle Initial)

C.

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|--------|
| 323.20 |
|--------|

| |
|--------|
| 323.20 |
|--------|

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 9 OF 12
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|---|--|---|
| NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund | | | FEC IDENTIFICATION NUMBER ▼ C C00488742 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY | | | | | |
| Full Name of Payee Meath Media Group | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 05 / 2014 | | |
| Mailing Address 4441 Kingle St., NW | | | Amount 26075.00 | | |
| City Washington | | State DC | Zip Code 20016-3578 | | Transaction ID : ECD10D86292F7429FAF5 |
| Purpose of Expenditure Online video production costs | | Category/Type | | Date of Disbursement or Obligation MM / DD / YYYY | |
| Name of Federal Candidate Rep. Eric I. Cantor | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA |
| Calendar Year-To-Date Per Election for Office Sought 26125.00 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee National Assn of REALTORS | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 05 / 2014 | | |
| Mailing Address 430 N Michigan Ave | | | Amount 50.00 | | |
| City Chicago | | State IL | Zip Code 60611-4011 | | Transaction ID : E51440EE458104794AA1 |
| Purpose of Expenditure Consulting Services | | Category/Type | | Date of Disbursement or Obligation MM / DD / YYYY | |
| Name of Federal Candidate Rep. Eric I. Cantor | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA |
| Calendar Year-To-Date Per Election for Office Sought 26125.00 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 26125.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Michael McGrew</u> | | | [Electronically Filed] | | Date MM / DD / YYYY 07 / 15 / 2014 |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 10 OF 12
FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|-------------------|---|--|--|
| NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | | | |
| Full Name of Payee Majority Strategies | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 11 / 2014</div> </div> | | |
| Mailing Address 135 Professional Dr Ste 104 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">101969.00</div> | | |
| City Ponte Vedra Beach | | State FL | Zip Code 32082-6277 | | Transaction ID : EF1AFC34DF00544CABF1 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div> |
| Purpose of Expenditure Direct mail costs | | Category/ Type | | <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div> | |
| Name of Federal Candidate Sen. Thad Cochran | | | <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u> </div> </div> | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Primary Runoff2014</u> | | |
| Full Name of Payee National Assn of REALTORS | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 11 / 2014</div> </div> | | |
| Mailing Address 430 N Michigan Ave | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">300.00</div> | | |
| City Chicago | | State IL | Zip Code 60611-4011 | | Transaction ID : EE5F0636BF4674366AFA Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div> |
| Purpose of Expenditure Consulting Services | | Category/ Type | | <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div> | |
| Name of Federal Candidate Sen. Thad Cochran | | | <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u> </div> </div> | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Primary Runoff2014</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">102269.00</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Michael McGrew</i> | | | Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 15 / 2014</div> </div> | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 12
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|---|--|--|
| NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund | | | FEC IDENTIFICATION NUMBER ▼ C C00488742 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY | | | | | |
| Full Name of Payee Mentzer Media Services, Inc | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 11 / 2014 | | |
| Mailing Address 600 Fairmount Ave Ste 306 | | | Amount 298000.00 | | |
| City Towson | | State MD | Zip Code 21286-1002 | | Transaction ID : E9D61C6B8DE814E088D2 |
| Purpose of Expenditure TV/Internet Media Buy | | Category/Type | | Date of Disbursement or Obligation MM / DD / YYYY | |
| Name of Federal Candidate Sen. Thad Cochran | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS |
| Calendar Year-To-Date Per Election for Office Sought | | | 400269.00 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Primary Runoff2014 |
| Full Name of Payee Meath Media Group | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 17 / 2014 | | |
| Mailing Address 4441 Kingle St., NW | | | Amount 3200.00 | | |
| City Washington | | State DC | Zip Code 20016-3578 | | Transaction ID : E583836A1D05D4A97A7D |
| Purpose of Expenditure Online video production costs | | Category/Type | | Date of Disbursement or Obligation MM / DD / YYYY | |
| Name of Federal Candidate Sen. Thad Cochran | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS |
| Calendar Year-To-Date Per Election for Office Sought | | | 403669.00 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Primary Runoff2014 |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 301200.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Michael McGrew</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date MM / DD / YYYY 07 / 15 / 2014 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 12
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|---|---|---|---------------------------------------|
| NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund | | | FEC IDENTIFICATION NUMBER ▼ C C00488742 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee National Assn of REALTORS | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 17 / 2014</div> | | |
| Mailing Address 430 N Michigan Ave | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50.00</div> | | |
| City Chicago | | State IL | Zip Code 60611-4011 | | Transaction ID : E0B6D4F54C205415D82A |
| Purpose of Expenditure Consulting Services | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> | |
| Name of Federal Candidate Sen. Thad Cochran | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">403669.00</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Primary Runoff2014 | | |
| Full Name of Payee 720 Strategies LLC | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 17 / 2014</div> | | |
| Mailing Address 1111 19th St NW | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">150.00</div> | | |
| City Washington | | State DC | Zip Code 20036-3603 | | Transaction ID : EAF49039219A24C89A70 |
| Purpose of Expenditure Online Ad Costs | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> | |
| Name of Federal Candidate Sen. Thad Cochran | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">403669.00</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Primary Runoff2014 | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">200.00</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">429794.00</div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature Michael McGrew | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 15 / 2014</div> | | |

[Electronically Filed]